

**Reno Police Department**  
**Personal History Statement**

For  
Privileged Business License Application

**Instructions to Applicant**

Complete this process **after** submitting your business license application to the City of Reno Business License Division.

Your background investigation begins when you bring this **completed** Personal History Statement (PHS), with the last two (2) pages notarized, to the Reno Police Department's Work Applicant Unit where you will be fingerprinted and photographed (a cash fee will be charged). Fingerprint cards are submitted to the Nevada Criminal Justice Information Services Repository (NCJIS) and to the Federal Bureau of Investigation (FBI). This information may take several weeks to be returned to us. Therefore, **complete this step as soon as possible (within fifteen (15) days preferably)** after submitting your business license application to the Business License Division.

The information you provide in this Personal History Statement (PHS) will be used by the Reno Police Department Background Investigators to determine your suitability for obtaining a City of Reno Privileged Business License. The Chief of Police may recommend approval or denial of your application to the Business License Division based on your cooperation and the information provided.

Each applicant (person to be licensed) must complete a PHS (RMC Title 5). The information provided is confidential and any statement is subject to verification.

Respond to answers openly and as accurately as possible. Deliberate inaccuracies, false or incomplete statements can be reasons to deny your application. Any negative factor in your background will be evaluated in terms of the surrounding circumstances and the relevance to your business license.

If extra space is needed, write your answers, along with the question number on a blank sheet of paper and attach it to the PHS.

**Note: Applicants who live outside of the greater Reno area**, who are mailing their RPD documents including completed and notarized PHS, **two (2) required fingerprint cards (DO NOT BEND WHEN MAILED)** with RPD fees (check or money order) in the enclosed, self addressed envelope and mail to:

Reno Police Department  
Attention: Work Applicant Unit  
P O Box 1900  
Reno, NV 89505

**\*\*Questions regarding the PHS or RPD Background process, please call 775.334.3875\*\***

**TYPE or PRINT in ink. Do not have another person complete the responses for you. If a question does not apply, write "N/A" in the answer space.**

|     |   |             |             |                         |
|-----|---|-------------|-------------|-------------------------|
| 1.  | <b>BUSINESS NAME &amp; ADDRESS</b>                              |             |             |                         |
| 2.  | <b>POSITION WITH BUSINESS</b>                                   |             |             |                         |
| 3.  | <b>YOUR NAME</b> (LAST, FIRST, MIDDLE)                          |             |             |                         |
| 4.  | <b>OTHER NAMES</b> (SUCH AS, (MAIDEN, MARRIED, NICKNAMES, ETC)) |             |             |                         |
| 5.  | <b>RESIDENCE ADDRESS</b>  |             |             |                         |
| 6.  | <b>MAILING ADDRESS</b>  |             |             |                         |
| 7.  | <b>TELEPHONE NUMBERS</b>  | <b>HOME</b> | <b>WORK</b> | <b>PAGER OR MESSAGE</b> |
| 8.  | <b>BIRTH DATE</b>   |             |             |                         |
| 9.  | <b>PLACE of BIRTH</b> (CITY & STATE)                            |             |             |                         |
| 10. | <b>SOCIAL SECURITY NUMBER</b>                                   |             |             |                         |
| 11. | <b>MARKS, SCARS, TATTOOS</b>                                    |             |             |                         |

|  |   |                    |              |  |
|--|---|--------------------|--------------|--|
| 12.  | <b>DRIVER's LICENSE INFORMATION - List all licenses issued.</b> |                    |              |  |
|  | <b>NUMBER or NAME USED</b>                                      | <b>EXPIRE DATE</b> | <b>STATE</b> |  |
|  |   |                    |              |  |
|  |   |                    |              |  |
|  |   |                    |              |  |
| <p>Have you ever had a driver's license suspended, revoked or been placed on negligent operator's probation or restriction? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, list state &amp; explain why.</p> <p>_____</p> <p>_____</p> |   |                    |              |  |

|     |   |                     |                          |
|-----|---|---------------------|--------------------------|
| 13. | <b>RESIDENCES FOR THE LAST 10 YEARS - List current first. If rental, include landlord's name address &amp; phone.</b> |                     |                          |
|     | <b>ADDRESS</b>  | <b>DATES / FROM</b> | <b>TO</b>                |
|     |   |                     | <b>REASON for MOVING</b> |
|     |   |                     |                          |
|     |   |                     |                          |
|     |   |                     |                          |
|     |   |                     |                          |
|     |   |                     |                          |
|     |   |                     |                          |
|     |   |                     |                          |

|     |   |         |       |              |
|-----|---|---------|-------|--------------|
| 14. | <b>PERSONAL REFERENCES</b> - List 3 persons who we may contact that have knowledge of your previous businesses or business practices. |         |       |              |
|     | NAME  | ADDRESS | PHONE | RELATIONSHIP |
|     |   |         |       |              |
|     |   |         |       |              |
|     |   |         |       |              |

|     |  |                 |                    |         |
|-----|--|-----------------|--------------------|---------|
| 15. | <b>EMPLOYMENT HISTORY/BUSINESS OWNERSHIP</b> - Begin with current employment/business ownership. List jobs and businesses (those in which you had an interest in) for the past 10 years. Include part-time, temporary, voluntary work. List periods of unemployment in sequence. |                 |                    |         |
|     | BUSINESS NAME  | ADDRESS         | PHONE              | FROM TO |
|     | SUPERVISOR's NAME  | TITLE or DUTIES | REASON for LEAVING |         |
|     | 1.   |                 |                    |         |
|     |  |                 |                    |         |
|     | 2.   |                 |                    |         |
|     |  |                 |                    |         |
|     | 3.   |                 |                    |         |
|     |  |                 |                    |         |
|     | 4.   |                 |                    |         |
|     |  |                 |                    |         |
|     | 5.   |                 |                    |         |
|     |  |                 |                    |         |

|     |   |          |        |
|-----|---|----------|--------|
| 16. | <b>FINANCIAL INFORMATION</b> - Your financial obligations, payment history & credit report will be reviewed. The amount of indebtedness, in itself, will not be used in evaluating your qualifications for licensing. |          |        |
| A.  | <b>INCOME</b>   |          |        |
|     | MONTHLY SALARY  | \$ _____ | SOURCE |
|     | SPOUSE's SALARY   | \$ _____ | SOURCE |
|     | OTHER MONTHLY INCOME  | \$ _____ | SOURCE |
|     | COMBINED INCOME   | \$ _____ |        |

|                 |   |          |                 |        |
|-----------------|---|----------|-----------------|--------|
| B.              | ACCOUNTS - List personal & business accounts. |          |                 |        |
|                 | SAVINGS                                       | \$ _____ | BANK            | ACCT # |
|                 |   |          | NAME on ACCOUNT |        |
|                 | SAVINGS                                       | \$ _____ | BANK            | ACCT # |
|                 |   |          | NAME on ACCOUNT |        |
|                 | CHECKING                                      | \$ _____ | BANK            | ACCT # |
|                 |   |          | NAME on ACCOUNT |        |
|                 | CHECKING                                      | \$ _____ | BANK            | ACCT # |
| NAME on ACCOUNT |   |          |                 |        |

|    |   |        |                 |
|----|---|--------|-----------------|
| C. | EXPENDITURES  | AMOUNT | CURRENT BALANCE |
|    | MORTGAGE / RENT   |        |                 |
|    | VEHICLES  |        |                 |
|    | CREDIT ACCOUNTS   |        |                 |
|    | OTHER   |        |                 |
|    | COST of LIVING - include utilities, food, gasoline, clothing, etc |        |                 |
|    | TOTAL MONTHLY EXPENDITURES →                                      |        |                 |
|    | TOTAL COMBINED LIABILITIES →                                      |        |                 |

|    |                      |
|----|----------------------|
| D. | REAL ESTATE HOLDINGS |
|    | ADDRESS              |
|    | ADDRESS              |
|    | ADDRESS              |

|    |  |
|----|--|
| E. | Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan? ____yes ____no |
|    | If yes, explain when, where & why.   |
|    | _____  |
|    | _____  |
|    | _____  |
|    | _____  |
|    | _____  |
|    | _____  |
|    | _____  |
|    | _____  |



|     |   |               |               |                   |
|-----|---|---------------|---------------|-------------------|
| 18. | Have you ever been arrested, taken into physical custody, issued a misdemeanor citation or convicted of any crime?<br>Exclude traffic violations. ____yes ____no                                |               |               |                   |
|     | APPROXIMATE DATE  | POLICE AGENCY | CIRCUMSTANCES |                   |
|     |   |               |               |                   |
|     |   |               |               |                   |
|     |   |               |               |                   |
|     |   |               |               |                   |
|     |   |               |               |                   |
|     |   |               |               |                   |
| 19. | Have you ever been placed on adult court probation? ____yes ____no<br>If yes, explain when, where & why.<br><hr/> <hr/> <hr/> <hr/> <hr/> <hr/>   |               |               |                   |
| 20. | Have you ever been involved as a defendant or plaintiff in any civil court action? ____yes ____no<br>If yes, explain when, where, court & circumstances.<br><hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |               |               |                   |
| 21. | Have you ever served in the Armed Forces, National Guard or Military Reserves? ____yes ____no   |               |               |                   |
|     | BRANCH  | SERVICE #     | DATE/FROM TO  | TYPE of DISCHARGE |
|     |   |               |               |                   |
|     |   |               |               |                   |

## AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a City of Reno Business License, I hereby authorize the release of information concerning me, including that of a confidential or privileged nature, from my previous employers, physicians and professionals who may have examined or treated me, friends and acquaintances, credit reporting services, public agencies and all others who may be called upon by Reno Police Department personnel. I understand the information provided will be used only for the investigation of my suitability for a privileged business license and that the information is deemed confidential and will not be released to any other person(s), including myself.

I hereby release you, your organization, or others from liability or damage which may result from furnishing the requested information. I further authorize that a photocopy of this form shall be for all intents and purposes as valid as the original. I authorize you to retain a copy of this form for your files.

This Authorization to Release Information is valid for any information supplied within one (1) year of my signature.

Name of Applicant (print) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

This instrument was acknowledged before me on (date) \_\_\_\_\_ by

(Print name of applicant) \_\_\_\_\_

\_\_\_\_\_  
(Signature of notarial officer)

**CERTIFICATION and PENALTY**

I HEREBY DECLARE that any and all statements and information provided to the Reno Police Department in this Personal History Statement for my background investigation are true and complete to the best of my knowledge and belief. I understand any misstatement or omission of material fact or willful deception will be cause for disqualification and rejection of my City of Reno privileged business license application and could also be grounds for suspension or revocation of my privileged business license after issuance.

Name of Applicant (print) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

This instrument was acknowledged before me on (date) \_\_\_\_\_ by

(Print name of applicant) \_\_\_\_\_

\_\_\_\_\_  
(Signature of notarial officer)